

Vermont Health Connect
Plan Designs & Monthly Premiums

For a glossary of health insurance terms visit:

http://healthconnect.vermont.gov/about_us/glossary

Note: Most Vermonters who use Vermont Health Connect will get financial help to reduce their costs, either from their employer or a tax credit.

	Standard Plans						Non-Standard Plans (Choice Plans)					
	Deductible Plans				High Deductible Health Plans Can be paired with a Health Savings Account		BCBS			MVP		
							Gold	Silver	Bronze <small>Can be paired with a Health Savings Account</small>	Gold	Silver	Bronze
Deductible/Out of Pocket Maximum	Platinum	Gold	Silver	Bronze	Silver	Bronze	Blue Rewards	Blue Rewards	Blue Rewards CDHP	HMO 500	HMO 1700	HMO 3000
Medical Deductible (Individual/Family)	\$150/\$300	\$750/\$1500	\$1900/\$3800	\$3500/\$7000	\$1550/\$3100	\$2000/\$4000	\$1250/\$2500	\$2000/\$4000	\$5000/\$10000	\$500/\$1000	\$1700/\$3400	\$3000/\$6000
Rx Deductible	\$0	\$50/\$100	\$100/\$200	\$200/\$400	\$1250/\$2500	\$1250/\$2500	N/A	N/A	N/A	\$75/\$150	\$200/\$400	\$200/\$400
Integrated Deductible	No	No	No	No	Yes	Yes	Yes	Yes	Yes	No	No	No
Medical Out of Pocket Maximum (Individual/Family)	\$1250/\$2500	\$4250/\$8500	\$5100/\$10,200	\$6350/\$12,700	\$5750/\$11,500	\$6250/12,500	\$4250/\$8500	\$6250/\$12500	\$6250/\$12500	\$5100/\$10200	\$5100/\$10200	\$6350/\$12700
Rx Out of Pocket Maximum (Individual/Family)	\$1250/\$2500	\$1250/\$2500	\$1250/\$2500	\$1250/\$2500	\$1250/\$2500	\$1250/\$2500	\$1250/\$2500	\$1250/\$2500	\$1250/\$2500	\$1250/\$2500	\$1250/\$2500	\$1250/\$2500
Integrated Out of Pocket Maximum	No	No	No	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes
Family Deductible/Out of Pocket Maximum	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	Aggregate, 2x Individual	Aggregate, 2x Individual	Aggregate, 2x Individual	Aggregate, 2x Individual	Aggregate, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual
Medical Deductible ¹ waived for:	Prev, OV, UC, Amb, ER	Prev, OV, UC, Amb, ER	Prev, OV, UC, Amb	Preventive	Preventive	Preventive	Preventive, 3 PCP/MH OV	Preventive, 3 PCP/MH OV	Preventive	Preventive, OV's, Urgent Care, Amb	Preventive, OV's, Urgent Care, Amb	Preventive
Drug Deductible waived for:	N/A	Generic scripts	Generic scripts	Applies to all scripts	Wellness scripts	Wellness scripts	N/A	N/A	Wellness Drugs	VBID, Generic Drugs	VBID, Generic Drugs	N/A
Service Category (Examples)	Coinsurance (%) /Copay (\$)	Coinsurance (%) /Copay (\$)	Coinsurance (%) /Copay (\$)	Coinsurance (%) /Copay (\$)	Coinsurance (%) /Copay (\$)	Coinsurance (%) /Copay (\$)	Coinsurance (%) /Copay (\$)	Coinsurance (%) / Copay (\$)	Coinsurance (%) /Copay (\$)	Coinsurance (%) /Copay (\$)	Coinsurance (%) /Copay (\$)	Coinsurance (%) /Copay (\$)
Hospital Services ²	10%	20%	40%	50%	20%	50%	\$500	\$1,750	50%	20%	50%	50%
Emergency Room ³	\$100	\$150	\$250	50%	20%	50%	\$250	\$250	50%	20%	\$400	50%
Preventive	\$0	\$0	\$0	\$0	0%	0%	\$0	\$0	\$0	\$0	\$0	\$0
Office visit w/PCP or Mental Health	\$10	\$15	\$20	\$35	10%	50%	Combined 3 visits PCP/MH with no cost share; then deductible applies with \$20 copay	Combined 3 visits PCP/MH with no cost share; then deductible applies with \$30 copay	50%	\$5	\$10	\$30
Specialist Office Visit ⁴	\$20	\$25	\$40	\$80	20%	50%	\$30	\$50	50%	\$30	\$40	\$100
Urgent Care	\$40	\$45	\$60	\$100	20%	50%	\$30	\$50	50%	\$45	\$60	\$100
Ambulance	\$50	\$50	\$100	\$100	20%	50%	\$30	\$50	50%	\$50	\$100	\$100
Rx Drug Coverage												
VBID	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$1	\$3	\$3
Rx Generic	\$5	\$5	\$12	\$20	\$10	\$25	\$5	\$5	\$25	\$5	\$12	\$20
Rx Preferred Brand	\$40	\$40	\$50	\$80	\$40	40%	40%	40%	40%	\$50	\$60	\$90
Rx Non-Preferred Brand	50%	50%	50%	60%	50%	60%	60%	60%	60%	50%	50%	60%
BCBSVT Premiums							Blue Rewards	Blue Rewards	Blue Rewards CDHP			
Single	\$582.79	\$497.06	\$425.19	\$359.47	\$412.83	\$362.34	\$460.37	\$395.26	\$341.15			
Couple	\$1,165.58	\$994.12	\$850.38	\$718.94	\$825.66	\$724.68	\$920.74	\$790.52	\$682.30			
Parent and Child(ren)	\$1,124.78	\$959.33	\$820.62	\$693.78	\$796.76	\$699.32	\$888.51	\$762.85	\$658.42			
Family	\$1,637.64	\$1,396.74	\$1,194.78	\$1,010.11	\$1,160.05	\$1,018.18	\$1,293.64	\$1,110.68	\$958.63			
MVP Premiums										HMO 500	HMO 1700	HMO 3000
Single	\$594.30	\$513.83	\$427.51	\$336.13	\$428.58	\$366.22				\$521.59	\$419.17	\$341.95
Couple	\$1,188.60	\$1,027.66	\$855.02	\$672.26	\$857.16	\$732.44				\$1,043.18	\$838.34	\$683.90
Parent and Child(ren)	\$1,147.00	\$991.69	\$825.09	\$648.73	\$827.16	\$706.80				\$1,006.67	\$809.00	\$659.96
Family	\$1,669.98	\$1,443.86	\$1,201.30	\$944.53	\$1,204.31	\$1,029.08				\$1,465.67	\$1,177.87	\$960.88

ABCBSVT Premiums-- Rx: Prescription Drugs, OV: Office Visits, UC: Urgent Care, Amb: Ambulance, VBID: Value-Based Insurance Directive

Glossary-- Find definitions for Integrated Deductible/Out of Pocket Maximum (OOPM), Stacked Deductible/OOPM, Aggregate Deductible/OOPM, and other terms at http://healthconnect.vermont.gov/about_us/glossary

1 Medical Deductible waived for: Preventive, Office Visit, Urgent Care, Ambulance, Emergency Room (as indicated by plan)

2 Hospital Services are Inpatient (including surgery, ICU/NICU, maternity, SNF and MH/SA); Outpatient (including ambulatory surgery centers); and Radiology (MRI, CT, PET). This cost sharing will also include physician and anesthesia costs, as appropriate.

3 ER copay is waived if admitted.

4 Specialist copay also applies to PT/ST/OT, vision, and any alternative medicine benefits, as appropriate.

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